NEW DIMENSION DENTISTRY

DORIS GIRALDO, DDS

Consent for Treatment

Patient:______________________________ Date:__________________

I hereby authorize _________________________ to perform the following procedure(s)

____Placement of Dental Implants

____Gum Surgery

____Tooth Extraction

____Sinus Elevation

____Ridge Augmentation

____Other

It has been explained to me that during the course of the operation or procedure, conditions may be revealed that necessitate an extension or modification of the original procedure(s) or different procedure(s) from those set forth above. I therefore authorize and request the performance of such procedures as are necessary and desirable in the exercise of professional judgment. When applicable, the authority granted under this paragraph shall extend to treating all conditions that require treatment and are not known at the time the operation is commenced.

I am aware that the practice of anesthesia, medicine and surgery is not an exact science and I acknowledge that no guarantees have been made concerning the results of the procedure(s).

I certify that I have read the above and I understand its contents and consent fully and freely to the above explained treatment. I further acknowledge that the dentist has explained to me the foreseeable risks and consequences associated specifically with the procedure(s) described above as well as the reasonable benefits which may be expected from the therapy. These side effects could include: post-operative swelling and discomfort, bleeding, recession, infection, mobile teeth, loss of teeth/or implants, cold sensitivity, numbness, sinus symptoms, jaw fracture. In addition the dentist has explained reasonable alternatives, if any, to the proposed treatment and their risks.

I certify that I speak and read English and have read and fully understand this consent for surgery and all blanks were filled in prior to my initialing and signing this form.

Signature of Patient:

____

(212) 750-4590 | 133 E 58th St, Suite 506 New York, NY 10022 | newdimensiondentistry.com